

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** **920.00****Complete if Known**

Application Number	09/819,555
Filing Date	28 March 2001
First Named Inventor	Chiu, Angela L.
Examiner Name	Shew, John
Art Unit	2664
Attorney Docket No.	1999-0784 (1014-135)

METHOD OF PAYMENT (check all that apply)☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 50-2504 Deposit Account Name: Michael N. Haynes

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**

_____ - 20 or HP = 0 x 50 = 0 **Fee (\$)** **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20 _____ 0

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ - 3 or HP = 0 x 200 = 0

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

_____ - 100 = _____ / 50 = 0 (round up to a whole number) x 250 = 0

4. OTHER FEE(S)

Fees Paid (\$)

Non-English Specification, \$130 fee (no small entity discount) 0

Other: Petition fee under 37 C.F.R. 1.17 (h), Request for Continued Examination (RCE) 920

SUBMITTED BY

Signature	<i>Michael N. Haynes</i>	Registration No. (Attorney/Agent)	40,014	Telephone	434-972-9988
Name (Print/Type)	Michael N. Haynes	Date	13 Sep 2005		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



CERTIFICATE OF EXPRESS MAILING

Express Mail Mailing Label Number: EV 564482556 US

Date of Deposit: 13 September 2005

Pursuant to 37 C.F.R. § 1.10, I certify that I am personally depositing the following paper(s) or fee(s) with the "Express Mail Post Office to Addressee" service of the United States Postal Service on the above date in a sealed envelope (a) having the above-numbered Express Mail label and sufficient postage affixed, and (b) addressed to: Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA, 22313 -1450

Stamped, self-addressed postcard for USPTO receipt stamp (1 card)
Petition Under 37 CFR 1.313 (c) (2 sheets)
PTO/SB/30 Request For Continued Examination (RCE)
Transmittal (1 sheet)
PTO/SB/17 Fee Transmittal Form (1 sheet)
PTO-2038 Credit Card Payment Form (1 sheet)
Information Disclosure Statement (4 sheets)
Form PTO-1449 (1 sheet)
Copy of counterpart foreign application Search Report (3 sheets)
1 Non-Patent Literature documents (30 sheets)

Application Number	09/819,555	Art Unit:	2664
Confirmation No.:	2618	Examiner:	Shew, John
Filing Date:	28 March 2001	Inventor:	Chiu, Angela L.
Document Submission Date:	13 September 2005	Docket:	1999-0784 (1014-135)

13 Sep 2005

Date

Eden Brown

Name of Certifier

Eden Brown

Signature of Certifier